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STATE OF SOUTH DAKOTA

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DEC 28 2022

Statement of Legal Newspaper Ownership and Circulation
SD Secretary of State

1. TITLE OF NEWSPAPER Watertown Public Opinion		^{2. DATE} 10/1/2022	
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISHED ANNUALLY		B. ANNUAL SUBSCRIPTION	
Mon-Sat / Tues-Sat effective 4/25/2022 294		PRICE \$ 676.00	
 COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 120 3rd Ave NW Watertown, Codington, SD 57201-0010 			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE			
PUBLISHER (Not printers) 120 3rd Ave NW Watertown, SD 57201-0010			
6. FULL NAME OF PUBLISHER;			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and			
addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the			
names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.			
FULL NAME COMPLETE MAILING ADDRESS			
Gannett Co., Inc. 7950 Jones Branch Drive McLean, VA 22107			
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING I PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so			
state. If more space is needed, list on back of this form. See Additional Attachment			
See Additional Attachment	AVERAGE NO. COP	IES	
9. EXTENT AND NATURE OF CIRCULATION	EACH	ACTUAL NO. COPIES	
3. EATENT AND NATURE OF CINCOLATION	ISSUED PRECEDING MONTHS	NEAREST TO FILING DATE	
A.TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	6155	5640	
B.PAID AND/OR REQUESTED CIRCULATION Sales through dealers and carriers, street vendors, and counter sales.	200	167	
Mail Subscription (Paid and or requested)	3893	3304	
3. Paid Electronic Copies	204	210	
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	4297	3681	
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	176	77	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	4473	3758	
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	1558	1810	
2. Return from News Agents	124	72	
G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	6155	5640	
Statement must be signed by Publisher, Business Mana			
I swear that the statements made by me are true,	correct, and comple	te:	
(Signature) HAMM	Sr. Manager, AAM & Audit Reporting		
(Signature) HAMM	(Title)		
State of Wisconsin Sworn to before me this 29th day of Sept , 202			
State of Wisconstill			
State of Wisconsin County of Marchore Public Summission expires: 8 4 35			
(South PUB)	My commission expir	es: 8 4 - 25	
(Seal) PUBLING ATE OF WISHINGTON			